



The Tubman Effecting Positive Change Program

*Quarterly evaluation report:
January – March 2010*

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Program background

The Tubman Effecting Positive Change in Women and Children program offers enhanced treatment support and recovery maintenance services for up to 12 months to substance abusing women who are pregnant and/or mothering dependent children, as well as their children. The program is an expansion of current services provided by Tubman, funded by a grant through the Minnesota Department of Human Services that began April 1, 2007 and was re-awarded July 1, 2008 for three years.

This report summarizes data collected from seventeen (17) women and twenty-eight (28) children who participated in the Effecting Positive Change (EPC) program between January 1, 2010 and March 31, 2010, including five women who were admitted to the program this past quarter. In addition, information about the 29 women and 43 children served year-to-date (July 1 through March 31, 2010) is also provided. The report includes a description of the services and activities provided to clients this quarter and year-to-date, progress on the implementation of the evaluation plan, and a client success story. The Women's Services Quarterly Report Tables are also included (see Appendix).

Services summary

The following is a summary of the services provided through the Tubman Effecting Positive Change (EPC) program during the past quarter and year-to-date. Services and activities provided to clients are described in accordance with the program goals and objectives outlined in the Grant Contract.

The program was fully staffed during the past quarter.

Goal A. Grantee shall decrease substance use for women with dependent children and pregnant women by increasing access to treatment support/recovery maintenance services for these women.

A1. Grantee shall provide comprehensive services to meet participants' basic needs, stabilize their family situation and improve their substance abuse treatment participation, treatment completion rates and involvement in post-treatment recovery maintenance activities for women currently in substance abuse treatment or who have successfully completed substance abuse treatment within twelve (12) months prior to entering the Substance Abuse Treatment Expansion for Pregnant Women and Women With Dependent Children program.

A variety of services were provided to the families participating in the EPC program. All of the women who entered the program this quarter (N=5) had been in treatment within the past 12 months; two of these women were still in treatment at the time they enrolled in the program. Year-to-date, 14 of the 15 incoming clients had been in treatment within the past 12 months before starting the EPC program (information is unknown for one client); three of these clients total were still in a treatment program when they started the program.

Tubman's EPC program provides a range of services to families, including: case management, to ensure access to health care coverage, job training, stable housing, and medical and dental care; chemical health treatment and/or recovery support; group and in-home parenting education; group and individual counseling; acupuncture; financial education; education regarding Fetal Alcohol Spectrum Disorder (FASD); FASD screening; mental health screening and referral; and child care while participating in services.

A2. The Grantee will also serve women who are abusing substances and who are not in treatment with the condition that these women will enroll in treatment if they are still abusing substances within three months.

Program staff will enroll women into the EPC program who are abusing substances and not currently in treatment if they enroll in treatment within three months. Three of the five women admitted to the program this quarter had already completed a licensed CD treatment program before starting EPC; two were currently in treatment at the time of enrollment. Year-to-date, 11 of the 15 incoming clients had completed treatment within the past 12 months before starting the EPC program; three clients were currently in a treatment program when they started the program (information was unknown for one woman). Therefore, no women were actively using and/or not already in treatment when they entered the EPC program this quarter or year-to-date.

A3. Services will be provided for a minimum of six (6) months to a maximum of twelve (12) months for non-pregnant women with dependent children, and for a minimum of six (6) months to a maximum of twelve (12) months after the birth for women who are pregnant while in the program.

EPC staff provided services to women within this time frame (i.e., a minimum of 6 months to a maximum of 12 months).

A4. Grantee shall provide women's specific treatment support/recovery maintenance services with the goal of successful completion for sixty (60) women and thirty-five (35) children each grant year. Services will be provided through this grant with the understanding that the women who have not completed the program by June 30, 2011 will no longer be funded under this DHS grant-funded program.

Treatment support/recovery maintenance services were provided to a total of 17 women and 28 children during the January-March 2010 period, including the five women and their children admitted to the program during the past quarter. This quarter, two women successfully completed the program.

Year-to-date, a total of 29 women and 43 children have been served, and a total of four women have successfully completed the program.

A5. Grantee shall complete individual care plans, developed by a Licensed Alcohol Drug Counselor (LADC) and multi-disciplinary team, for Tubman in Women and Children's Grant participants.

The Licensed Alcohol Drug Counselor (LADC), with input from other program staff, completed individual care plans for the five women who entered the program this quarter. Year-to-date, the LADC has completed individual care plans for the 15 clients who have entered the program year-to-date.

A6. Grantee shall ensure that the following are included in each participant's care plan: 1) therapeutic interventions and trauma services to address issues of relationships, emotional, sexual and physical abuse; and 2) housing, financial management and job training/education.

The individual care plans developed for clients are based upon the Six Dimension Chemical Health plan and address the following for each client: abstinence, medical concerns or issues, mental health issues, coping skills, healthy support systems, domestic violence (as appropriate), acceptance/resistance to treatment (e.g., attendance and participation), relapse prevention, parenting skills, housing, job goals, school goals, Child Protection goals, probation goals, creating balance, spirituality, and other areas related to a sober lifestyle.

A7. Grantee will have an acupuncturist available twelve (12) hours per week to support reduction of cravings and maintainance of sobriety.

An acupuncturist was made available on-site to all clients participating in the program. This service was provided through a subcontractor, Classical Five Element Acupuncture (Amy Martel, M.Ac., L.Ac., Dipl.Ac. and Christy Lillibridge, M.Ac., L.Ac., Dipl.Ac.), who was available to clients during Effecting Positive Change groups, other chemical health groups clients participate in through Tubman, and for walk-ins once a week. During the quarter, EPC staff referred six women for in-house acupuncture services. Year-to-date, 18 women have been referred for in-house acupuncture services.

A8. The LADC and or other program staff will assess immediate and ongoing needs of each participant at the time of admission and weekly throughout program participation. The assessment will evaluate the client's needs for the following services: physical and mental health, individual and group counseling/support, financial management, job training and education, housing, emergency needs, and culturally-specific needs. Based on the individual assessment of needs, the multidisciplinary team will provide or refer women to services throughout their treatment and at the time of discharge.

At intake, staff assess the needs of clients in the following areas: physical health, dental needs, mental health, basic needs (Minnesota Family Investment Program [MFIP], Women, Infants, and Children Program [WIC]), relationships/social support, domestic violence, financial management, job training/education, housing, acupuncture, FASD assessment/ informational needs, nutritional needs, breast-feeding support, parenting/ Early Childhood Family Education (ECFE) needs, culturally-specific needs, and other emergency needs. As needed, women and their children are provided or referred to the appropriate resources to address these needs. See Figure 1 for the number of referrals for clients at intake during the current quarter and year-to-date.

1. Referrals at intake for clients admitted between January-March 2010

Need	Current quarter (N=5)	Year-to-date (N=15)
Acupuncture	3	7
Job training/education	3	6
Physical health needs	3	3
Housing	2	10
Financial management	2	5
Mental health needs	2	4
Legal issues	2	4
FASD information/training	2	3
ECFE	2	3
Family recreational activities	1	4
Dental needs	1	4
Relationships/social support	1	2
Emergency needs	1	1
MFIP	1	1
Childcare	0	3
Breastfeeding support group	0	1
Nutritional needs	0	0
Culturally specific needs	0	0
WIC	0	0
Other ^a	0	6

^a Other referrals from this quarter include: exercise/YMCA (n=1); referrals provided year-to-date include: parenting (n=2), counseling (n=1), reunification (n=1), and exercise/YMCA (n=1).

Staff also monitor the ongoing needs of clients on a weekly basis and make referrals (within and outside of Tubman [Chrysalis Center]) as appropriate. Over the past quarter, EPC staff addressed a range of issues with the 17 clients served this quarter (Figure 2). A range of issues were also addressed with the 29 clients served year-to-date (information was not available for two clients) (Figure 3).

2. Services and referrals provided to clients served between January-March 2010 (N=16)

Issue/need	Number of clients provided direct service by EPC staff	Number of clients referred to another Tubman program	Number of clients referred to outside agency*
Chemical health/sober support	10	0	1
Relationships/social support	9	0	0
Acupuncture	6	0	0
Childcare	5	1	2
Nutrition	5	0	1
Mental health needs (parent)	5	0	1
Financial management	5	1	0
FASD information/training	4	0	0
Legal issues	3	2	1
Housing	3	1	3
MFIP	2	0	1
Medical needs (children)	2	0	0
Family recreational activities	1	0	3
Emergency needs	1	0	3
Job training/education (parent)	1	0	1
Mental health needs (children)	1	0	0
Education (children)	1	0	1
Breastfeeding support	1	0	0
Medical needs (parent)	0	0	0
Dental needs (parent)	0	0	0
WIC	0	0	0
Culturally specific needs	0	0	0
Dental needs (children)	0	0	0

* Outside agencies listed below. Other miscellaneous referrals were made for tax assistance (n=3), support at court (n=1), metro transit information (n=1), and child support assistance (n=1).

3. Services and referrals provided to clients served year-to-date: July 2009 – March 2010 (N=27)

Issue/need	Number of clients provided direct service by EPC staff	Number of clients referred to another Chrysalis program	Number of clients referred to outside agency*
Relationships/social support	22	0	0
Chemical health/sober support	21	0	6
Acupuncture	18	0	0
Childcare	14	1	3
Nutrition	14	0	1
Financial management	13	9	0
Legal issues	13	6	3
Mental health needs (parent)	12	3	6
FASD information/training	11	0	0
Family recreational activities	9	0	6
Education (children)	9	0	2
Medical needs (parent)	7	0	4
Housing	5	4	8
Job training/education (parent)	5	0	1
Breastfeeding support	4	0	3
Emergency needs	4	0	3
Mental health needs (children)	3	2	3
Medical needs (children)	3	0	2
MFIP	2	0	1
Dental needs (parent)	1	0	2
WIC	0	0	1
Culturally specific needs	0	0	0
Dental needs (children)	0	0	0

* Sample of outside agencies listed below.

This quarter, referrals for the client needs listed below were made to the following community-based organizations and services:

- Chemical health/sober support: AA meeting (n=1), NA meeting (n=1)
- Childcare: HENCO childcare assistance (n=1), early childhood screening (n=1)
- Legal issues: for advocacy (n=1)
- Mental health (parent): Chamberlin Edmonds (n=1)
- Education (children): for advocacy (n=1)
- Job training/education: Lehman Center (n=1)
- Family recreational activities: recreation activities, unspecified (n=3)
- Housing: Transitional Housing list (n=2, see appendix for full list), women's shelter (n=1)
- Emergency needs: Mary's Wish for Furniture (n=1), Bridging (n=2)
- MFIP: to the Minnesota Family Investment Program (MFIP) (n=1)

A9. The LADC will ensure that all participating women have either received a mental health assessment prior to admission, or will complete a mental health screen and will facilitate referral for an assessment when appropriate.

Prior to entry into the program, all clients complete the Tubman Adult Symptom Checklist, in which they report on their feelings, thoughts, and behaviors over the past several weeks. Staff also inquire as to whether clients have received a mental health assessment in the past six months or are currently in therapy. Three of the five women who entered the program this quarter received an assessment prior to their admission to the EPC program; information was not available for one woman. Year-to-date, 8 of the 15 women who entered the program had a mental health screening prior to admission; information was not available for two women. The others were referred out for screening or were screened shortly after their admission into the program.

A10. Grantee shall ensure either directly or through referral, that all program participants have their physical health needs met including family planning, medical (including HIV/AIDS, STDs) and dental care, while participating in this program. Grantee will assist participants in obtaining Medical Assistance when appropriate.

Clients' physical and dental health needs are routinely addressed by program staff at intake and throughout their participation in the program. Over the past quarter, one of the five new clients reported current medical concerns (unspecified) at intake. Four of the five new clients had a primary care clinic at program entry, and one had a primary care physician at intake. Three had a physical in the past year. Year-to-date, 5 of the 15 clients who entered the program this year reported medical concerns at intake. At intake, 9 of these 15 clients had a primary care physician and 13 had a primary clinic. Eleven of these 15 clients had a physical in year prior to their admission to EPC.

No client this quarter needed case management support for medical or dental needs, and none were referred to outside agencies for additional assistance. Year-to-date, seven clients received case management support for medical needs, and four were referred to outside agencies for additional assistance. Also, year-to-date, one client received case management support for dental needs, and two were referred to dental clinics for additional assistance.

Of the five new clients admitted to the program this quarter, four were already receiving Medical Assistance (MA) when they entered the program (either straight MA or PMAP). Eleven of the 15 women who entered the program year-to-date had MA when they entered the program. No women required referrals for MA, during the quarter or year-to-date, for Medical Assistance.

A11. Grantee will visit with participants in their homes or in the office at a minimum of once per month and, for those addicted to methamphetamine – a minimum of once a week, to provide treatment support/recovery and maintenance services. An emphasis will be placed on building trust, encouragement and developing a support network.

This past quarter, program staff visited with eight clients in their homes (between 1 and 6 visits per client) and seven clients at the program site (between 1 and 4 visits per client). Year-to-date, program staff visited with 20 clients in their homes and/or the office (between 1 and 15 visits each).

When possible, clients were met with a minimum of once per month, or weekly for clients addicted to methamphetamine. Additional visits or meetings were scheduled with clients as needed.

A12. Grantee will provide a weekly support group for women in the program, in addition to regular home and office visits.

A one and one-half hour ongoing weekly support group is provided for all women participating in the program. The support group is facilitated by at least two program staff. After checking in with each client, the facilitators lead the group in a discussion of client-determined topics. Topics this quarter have included: self-esteem; budgeting/tax returns; your inner child; strategies to sobriety; sharing your story; financial management; birth order; challenges to sobriety; addiction and trauma; Martin Luther King Jr. Day/family activity; self-forgiveness; one day at a time; holiday debrief; and holidays and stress.

Eleven clients participated in the weekly support group during the past quarter, attending between one and eight groups each. The remaining five clients served this quarter could not attend the support group for various reasons: one client was asked not to attend due to her current substance use; one client was in jail for a period of time; and for a few, support group conflicted with the clients' appointments in drug court so they were less available to attend. Year-to-date, 21 clients participated in the weekly support group, attending between 1 and 15 groups each.

If clients are not attending the support group, they receive individualized chemical health counseling.

Grantee will conduct alcohol and drug testing at entry, randomly throughout participation in the program, and at discharge from the program on all participants.

Random urine analyses (UAs) were conducted with three clients this quarter, and each received one to two UAs each. All of the UAs were negative. UAs were not conducted with the other clients served this quarter because of an emphasis on the part of the program to build client relationships and take their update on their sobriety at face value. In other cases, group time that had been set aside for UAs turned into one-on-one time with clients due to overall low group attendance, so UAs were not conducted. Furthermore, the program encountered difficulties related to receiving the supplies needed to conduct the UAs.

A13. Childcare will be provided on site by the Tubman Child Care Program.

On-site childcare was provided for clients' children as needed by a part-time Early Learning Specialist and one part-time Child Care Provider. The childcare facilities provide a mixed-age environment for children ages 6 weeks to 11 years of age and include: interest areas, including a creative/imaginative play area, reading area, game area, and sensory area; a setting for meals and snacks; a place for art activities; and an

outdoor playground. Staff also complete a childcare screening and assessment log for each child receiving childcare services.

This quarter, this includes 17 children total: 8 children under the age of 3 (including 5 children one year or younger), 7 children ages 3 to 6, and 2 children ages 7 to 12.

Over the past quarter, a total of 17 children were provided onsite regular on-site childcare, while 24 children have been provided childcare year-to-date. These children ranged in age from under age 1 to 10 years of age. No funds were spent on childcare this quarter (although three clients were referred to Pillsbury Crisis Nursery); year-to-date, \$382 was spent on childcare.

Childcare is most often provided when clients are attending groups or during one-on-one sessions with clients. The children's programming kit curriculum is used for children in childcare as needed.

In addition to childcare, children are seen by program staff during home visits with clients, school visits, and while they are in foster care. This quarter, a total of 28 children have been seen by program staff. Year-to-date, a total of 43 children were seen by staff.

A14. Grantee will provide transportation to and from treatment, health, and rehabilitative activities (i.e., primary medical care including referral for prenatal care, trauma services, peer recovery support groups, aftercare, job search). Transportation will be provided primarily through taxis, gas vouchers or bus tickets.

Over the past quarter, program staff provided \$576.44 in transportation assistance to clients, in the form of for cab rides, gas cards, and bus cards. Year-to-date, a total of \$3,519.88 in transportation assistance has been provided to clients.

A15. Grantee will provide basic budgeting and/or financial management training to program participants.

Budgeting and/or financial management training is provided to all clients by program staff on an individualized basis to accommodate the unique needs and goals of each client. Training can include checking in with clients on current financial status (i.e., ability to pay rent), development of a budget, financial counseling, and determining financial goals (i.e., buying a house).

Five clients received financial management assistance directly from EPC staff this quarter, and one client was referred to other Tubman programming for further assistance to address financial management needs. Year-to-date, 13 clients received case

management support from EPC around financial management issues, and 9 were referred to other Tubman programming for further assistance related to these needs.

A16. When all other resources have been exhausted, grantee may fund one time purchase of cleaning and basic household supplies such as; garbage bags, toilet paper, toilet brush, broom, laundry detergent etc., personal hygiene products and baby care necessities. Grantee may pay for moving costs to escape unhealthy living situations, utility payment to prevent disconnection, and other situations when all other resources have been exhausted.

One of the newly admitted clients this quarter, and one year-to-date, was referred for emergency needs at intake.

Over the past quarter, EPC staff provided direct support to one client related to emergency needs and referred three to outside agencies for emergency assistance. Year-to-date, staff have provided direct support to four clients total for emergency needs, and referred three to outside agencies for emergency assistance. A total of \$59 was spent on emergency funds this quarter for a storage unit for a client who went to a shelter in hopes of finding a sober living facility.

In addition to emergency funds, clients received donated (non-emergency) goods through other sources, including: Bridging; furniture from Mary's Wish; a donation of a glider for a client's nursery; school supplies for the client's return to school (for a GED) and a backpack of activities for her child (to occupy her during the commute); and a welcome packet from metro transit and information about how to use the bus.

A17. Grantee will assist program participants with researching available resources at the city or county relative to safe and affordable transitional housing as soon they are enrolled in the program.

This quarter, program staff provided one-on-one assistance related to housing to three clients this quarter; one client was referred to Tubman for housing services, and three additional clients were referred to outside agencies for housing assistance, including a women's shelter and the transitional housing list (see appendix for the housing resources on this list). Year-to-date, five clients were provided one-on-one assistance directly from EPC staff related to housing, four clients were referred internally to Tubman programming for housing support, and eight clients were referred to outside agencies for housing services (see appendix for full list of housing resources).

A18. On discharge, the program's LADC will complete an individual continuing care plan with each Effecting Positive Change in Women & Children participant that specifies the individual's goals, length and location of continuing care programming and facilitation of referrals to services within the participants home location.

Seven clients were discharged from the program between January and March 2010, two of whom successfully completed the program. EPC Case Managers completed a continuing care plan for these clients. Year-to-date, 17 clients have discharged from the program, four of whom have successfully completed the program.

A19. Grantee will provide in person or by telephone, contact with participants who are discharged four weeks from discharge, to follow-up on parenting and other recovery maintenance resource access and utilization issues to support positive independent transition into their community.

Two clients successfully discharged from the program between January and March 2010. A four-week follow-up was conducted with these clients. They were doing well, seeking employment, maintaining their sobriety, and engaged in their children's schooling. Year-to-date, four clients successfully discharged from the program and follow-up was conducted with all of them.

Goal B. Grantee shall increase knowledge, confidence and positive parenting skills by providing parenting guidance and training, that includes drug use effects on children, to Effecting Positive Change in Women & Children participants.

B1. Grantee will provide a minimum of twenty (20) hours of group Parent Training to all participants. The Training will include ten (10) two-hour group sessions. There will be one (1) ten-week session offered each quarter using Tubman Parenting Curriculum. Grantee will review each individual's progress each quarter. Participants found to need additional parenting education skills will be referred for further training and one-on-one parenting education.

Group parent education provided to women in the EPC program incorporates the information addressed in Tubman's general parent education classes with information from the *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum. Although the curriculum is designed for use with children and youth (ages 5 to 18), the activities targeting adolescents were found to be developmentally appropriate for the clients themselves. The Effecting Positive Change parenting group also meets weekly for two hours on an ongoing basis. A range of topics were addressed through the group over the past quarter. Topics included:

- 1) How to prep for the holidays and a discussion of myths about the holidays
- 2) How to plan wise snacks and food choices
- 3) FAE discussion from a medical perspective
- 4) Personal developmental issues, based on the specific age of clients' children
- 5) Family fun day – Martin Luther King Jr. Day
- 6) Family fun: How to make a day fun on little to no money
- 7) Parenting under guilt – the good and the bad
- 8) Respect, responsibility, and parenting
- 9) Parenting in the new world: Are there differences?
- 10) Emotions of parenting and how we feel about our children: What emotions are real and what are we reading into them?

Nine clients participated in the Effecting Positive Change parenting group over the past quarter, participating in one to ten groups each. Clients attend groups throughout their participation in the Effecting Positive Change program and will ultimately complete, at minimum, 20 hours of group parent education. Additionally, parents are referred for individualized parenting support as needed. Eight clients could not attend the groups due to conflicts with work, school, primary treatment, doctor appointments, court dates, childcare issues, and transportation issues.

Susan Hartmann came on board towards the end of the previous quarter in the role of parent educator, and clients have recently begun to attend these groups; others have not been able to yet because they are in the process of adjusting work and school schedules. Some clients also have their parenting needs addressed through home visits or outside programs.

B2. Grantee will administer the Adult-Adolescent Parenting Inventory (AAPI-2) pre-test within ten (10) days of service initiation. Grantee will administer the post-test after the client has completed twenty (20) hours of parent programming.

The Adult-Adolescent Parenting Inventory (AAPI-2) pretest, Form A, was administered to three clients this quarter, including two of the five clients admitted to the program this quarter and one person who enrolled in the program toward the end of the previous quarter (a fourth person completed the AAPI but she did not go on to receive services and was not counted as a client). The other three clients did not complete their pretest AAPIs this quarter for various reasons, including: conflicts with drug court and fearful of the programming; an inability to attend groups due to a conflicting work schedule (which the client is in the process of adjusting); and, many conflicting appointments, such as ARMHS on most days of the week.

No clients completed the AAPI-2 posttest, Form B, this quarter as those clients who had completed 20 hours of parent education programming either abruptly discharged or went missing/because unreachable.

B3. Version A of the AAPI-2 is the pre-test and Version B of the AAPI-2 is the post-test. If clients are not taking the inventory on the website, but using the paper form, their results should be entered into the website within ten (10) days. All completed inventories are to be entered on the website and included in the Evaluation Section of the Year-End Report.

Program staff are entering the paper results of the AAPI forms into the website within 10 days.

B4. Effecting Positive Change in Women & Children staff will screen or refer out for screening all women and child participants for physical and dental health needs and provide referrals for services to meet assessed needs.

At intake, the physical and dental health needs of all clients and their children are assessed. This quarter, three clients were referred for physical health needs at intake, and one client was referred for dental health needs at intake. Year-to-date, three clients were referred for physical health needs at intake, and four clients were referred for dental needs at intake (Figure 1).

Over the past quarter, no clients were experiencing physical or dental health issues, so no referrals for services were needed. EPC staff did address the medical issues of two children this quarter, although no referrals were needed; no children had dental needs that needed addressing this quarter (Figure 2).

Year-to-date, staff addressed medical issues with seven clients and dental issues with one client; four clients were referred to outside agencies for additional medical services, and two were referred for dental services. Year-to-date, staff addressed the medical issues of three children and referred two children to outside agencies for medical services. No children year-to-date have had dental needs that required services or referrals.

Of the 28 children served by the program this quarter, 14 were screened by EPC staff this quarter and four were referred out for screening. The remaining children were not screened because they are either staying with the other parent and not in the care of the client or because of conflicts with the children's schooling or related school activities. Although EPC staff are willing to conduct these screenings at home when this occurs, some parents are reluctant to permit a home visit.

Year-to-date, 16 children were screened by EPC staff, and 6 children were referred out for screening.

B5. Grantee will ensure that all children are up-to-date on immunizations.

EPC staff work with clients to complete releases authorizing the collection of immunization records from the child's physician. These releases are sent by staff to physicians' offices to access records. As of March 2010, immunizations were confirmed as up-to-date for 20 of the 28 children served this quarter. The immunization status of the remaining eight children was unknown. Year-to-date, immunizations were confirmed as up-to-date for 33 of the 43 children served.

B6. Grantee will refer participants to the Women's Infant's and Children's program, Minnesota Family Investment Program and the Public Nurse Home Visiting Program for newborns upon admission into the Effecting Positive Change in Women & Children's program.

One of the five clients who entered the program this quarter were referred to the Minnesota Family Investment Program (MFIP) at intake. Most were already some form of MFIP at intake, including four who were already receiving Medical Assistance through MFIP, three were already receiving food support through MFIP, and two were already receiving cash/vendor payments through MFIP at program entry. No clients were referred to the Women's Infant's and Children's program (WIC) at intake; two clients were already receiving WIC at the time they entered the program. No clients were referred to the Public Nurse Home Visiting Program this quarter, or year-to-date.

B7. Grantee will refer participant to any additional treatment/support services, as needed or desired, such as but not limited to: Family planning, mom and baby classes through Early Childhood Family Education (ECFE), information on child development, Breast feeding support network information.

During the past quarter, EPC staff referred one client to an outside agency for breast feeding support/information. Year-to-date, staff have addressed breastfeeding one-on-one with four clients, and referred three to outside agencies for additional support/information. No clients were referred to ECFE this quarter or year-to-date.

Goal C. Grantee shall increase the number of healthy infants born to women in substance abuse treatment/recovery maintenance services.

C1. Grantee shall ensure the provision of individualized health care of all pregnant women participating in the Effecting Positive Change in Women & Children by a health professional, at entry into the program, after the delivery of a baby birth, and throughout the postpartum period to ensure that pregnant women in the program are receiving prenatal and postpartum care. The health assessment will include a nutritional needs assesment at the time of admission.

One of the clients served this quarter, and year-to-date, have been pregnant and given birth.

C2. Grantee will ensure toxicology screening for the mothers, and infants born during program participation and will get a release of information from the participant to obtain this information.

One infant was born to a client this quarter, and year-to-date. The toxicology screening was conducted for both mother and infant and both were negative.

C3. Grantee will provide education on FASD and the effects of other drugs, including meth, to Effecting Positive Change in Women & Children participants through presenting printed materials and at least quarterly training sessions. Referral will be facilitated to the University of Minnesota or Community Clinic for needed follow-up assessment and service for those affected by Fetal Alcohol Syndrome Disorder.

Fetal Alcohol Spectrum Disorder (FASD) education was provided to all 17 clients served this quarter through the parent education groups as well as on an individualized basis. Through the parenting group, clients learned about FASD, the effects of alcohol on a fetus, types of FASD, co-existing diagnoses, cognitive and adaptive functioning with FASD, characteristics associated with FASD, and strategies for helping children with FASD.

EPC staff provided further information about FASD with four clients during the past quarter, and 11 clients year-to-date.

Goal D. Grantee will decrease the likelihood children of women in substance abuse treatment support/recovery maintenance services will become chemically dependent by providing age-appropriate children's programming, including the Children's Program Kit: Supportive Education for Children of Addicted Parents, for children in the custody of Effecting Positive Change in Women & Children program participants, serving children of sixty (60) women each grant year.

D1. Grantee will assess the mental and physical health needs of participants' children in an effort to intervene and address developmental needs as well as issues of sexual, emotional and physical abuse and neglect. Grantee will either provide or refer the child out for appropriate therapeutic clinical intervention services.

The physical, mental, and developmental needs of all children receiving childcare services through the Effecting Positive Change program are assessed by the Early Childhood Specialist/Childcare Provider. Multiple areas of development and need are assessed, including: social development, emotional development, physical development, motor development (fine and large), cognitive development, language development, personal care skills, and mother-child interactions. This quarter, Tubman assessed 14 children for mental, physical, and developmental needs. Assessments were not conducted with the remaining children served this quarter because, as with the screenings, the children were living with the other parent/guardian and did not participate in programming, or because there were conflicts with the children's school activities. Year-to-date, staff have conducted assessments of 21 total children for developmental and related issues.

In addition to these assessments, this quarter:

- One child received mental health support directly from EPC program staff
- One child received educational support directly from EPC program staff
- One child was referred to an outside agency for educational support
- Two children received medical support directly from EPC program staff

Year-to-date:

- Three children received mental health support directly from EPC program staff
- Two children were referred in-house for mental health services
- Three children were referred to outside agencies for mental health services

- Nine children received educational support directly from EPC program staff
- Two children were referred to outside agencies for educational support
- Three children received medical support directly from EPC program staff
- Two children were referred to outside agencies for medical services

D2. Grantee will utilize a program staff to provide educational support through the Children's Program Kit: Supportive Education for Children of Addicted Parents for children age 3-17 of the women in the program each quarter. Children will be introduced to the curriculum in regularly scheduled group or individual format based on youth enrollment and age appropriateness within the following age ranges: ages 3 to 6; ages 7 to 12; and ages 13 to 17.

The *Children's Program Kit: Supportive Education for Children of Addicted Parents* curriculum was used with the older children of Effecting Positive Change clients receiving childcare services through Tubman, as the curriculum targets children over age 5, and is modified for use with younger children. This quarter, this includes 17 children total: 8 children under the age of 3 (including 5 children one year or younger), 7 children ages 3 to 6, and 2 children ages 7 to 12. Year-to-date, this includes 24 children total: 8 children under the age of 3, 9 children ages 3 to 6, and 7 children ages 7 to 12.

In a number of cases, children were seen in home visits, as it is often difficult for parents to get to the program.

Goal E. Grantee will ensure strict compliance with the Federal and State rules and guidelines regarding confidentiality of information on patients participating in chemical dependency programs.

Grantee complied with this item.

Goal F. Grantee shall comply with Certification Regarding Environmental Tobacco Smoke; Public Law 103-227, also known as Pro-Children Act of 1994, requiring that this language be included in any subcontracts which contain provisions for children's services and that all subcontractors shall certify this compliance.

Grantee complied with this item.

Goal G. Grantee shall provide interim services to pregnant women in need of treatment in compliance with all applicable requirements in

Health and Human Services Code of Federal Regulations (CFR) Title 45, Part 96.131 (a) Federal Block Grant requirements relating to drug and alcohol treatment programs and their role in the provision of treatment to injection drug users (IDU's) and substance abusing pregnant women.

Grantee complied with this item.

Goal H. Grantee shall provide the State with up to five (5) days each fiscal year to participate in site visits or attend other meetings on request.

Grantee complied with this item.

Goal I. Grantee is required to provide employees with continuing education in order to improve the program's activities and services.

11. All chemical health staff attend agency trainings required by Rule 31 including (12) hours of training in co-occurring mental health and chemical abuse/dependence.

This quarter, chemical health staff participated in the following co-occurring mental health and chemical abuse/dependence trainings: Conversations in Chemical Health: Motivational interviewing) (Figure 4). Year-to-date, chemical staff attended the following co-occurring trainings: Strategies for Dealing with Dual Disorders and Using Medications in Addiction Treatment: A clinical perspective, and Conversations in Chemical Health: Motivational Interviewing.

12. Staff will also attend agency and community trainings on FASD, effective strategies for treating women and children, and cultural competence.

This quarter, staff participated in continuing education activities related to FASD, treatment strategies, and/or cultural competence, including: Conversations in Chemical Health: Motivational Interviewing, Native American Curriculum for State Licensed Substance Abuse Programs in Minnesota, Facilitating a Co-occurring Treatment Group, Supporting School Success for Homeless Children, Supporting School Success: Visible Child Initiative, Engage your passion Reconnect, Replenish, Restore: Visible Child Initiative, Early Education Roundtable – Perspectives, Ages & Stages: Updates and Refresher, Promoting Child Well-being and Early Intervention within a Cultural Context, and Home is the Foundation for Success Routines, Sleep, Nutrition Health and Screening: Visible Child Initiative (Figure 4).

Year-to-date, these trainings include: Conversations in mental health: Peer relationships and relational aggression in middle childhood; Conversations in mental health: Development in a family context, middle school learning issues; Homelessness 201; and, Early education provider roundtable: Children’s mental health; a spiritual workshop; Strategies for Treating Dual Disorders; Helping Women Recover: A Program for Treating Addiction; Gender Responsive and Trauma-Informed Training; Using Medications in Addiction Treatment: A Clinical Perspective (MARRCH Conference); The Power of Our Stories (MARRCH Conference); Building Recovery – Friendly Communities (MARRCH Conference); Compassion Fatigue and Balance; Confidentiality and Ethical Boundaries; Reporting Maltreatment of Vulnerable Adults; Brain Injury Basics: An Introduction to Brain Injury and Impact on the Homeless Community; Children’s Mental Health: Adolescents; Children’s Mental Health: Emerging Adults; Medicare Fraud Waste and Abuse Compliance Training; Race, Culture and Children’s Mental Health: #1 Historical Trauma, Microaggressions, and Identity; Conversations in Chemical Health: Motivational Interviewing; Native American Curriculum for State Licensed Substance Abuse Programs in Minnesota; Facilitating a Co-occurring Treatment Group; Supporting School Success for Homeless Children; Supporting School Success: Visible Child Initiative; Engage your passion Reconnect, Replenish, Restore: Visible Child Initiative; Early Education Roundtable – Perspectives; Ages & Stages: Updates and Refresher; Promoting Child Well-being and Early Intervention within a Cultural Context; and, Home is the Foundation for Success: Routines, Sleep, Nutrition Health and Screening: Visible Child Initiative.

I3. The LADC will participate in cultural competency training required for her licensure and he/she will share the information learned with team members.

This past quarter, the LADC participated in the following cultural competency trainings: Native American Curriculum for State Licensed Substance Abuse Programs in Minnesota The LADC shared this information with fellow program staff.

Year-to-date, the LADC participated in the following cultural competency trainings: Gender Responsive and Trauma-Informed Training; Street Gangs – Trends and things you need to know; and Native American Curriculum for State Licensed Substance Abuse Programs in Minnesota (Figure 4).

4. Continuing education activities for program staff: January-March 2010

Training activity	Total staff in attendance	Participating staff	CEU hours
Conversations in Chemical Health: Motivational Interviewing	2	LADC, EPC Case Manager, Child Development Specialist	3.0
Native American Curriculum for State Licensed Substance Abuse Programs in Minnesota	1	LADC	21.0
Facilitating a Co-occurring Treatment Group	1	EPC Case Manager	3.5
Supporting School Success for Homeless Children: Visible Child Initiative	2	EPC Case Manager, Child Development Specialist	2.0
Supporting School Success: Visible Child Initiative	1	Child Development Specialist	2.0
Engage your passion Reconnect, Replenish, Restore: Visible Child Initiative	1	Child Development Specialist	2.0
Early Education Roundtable – Perspectives	1	Child Development Specialist	2.0
Ages & Stages: Updates and Refresher	1	Child Development Specialist	6.0
Promoting Child Well-being and Early Intervention within a Cultural Context	1	Child Development Specialist	3.5
Home is the Foundation for Success: Routines, Sleep, Nutrition Health and Screening: Visible Child Initiative	1	Child Development Specialist	2.0

Goal J. Grantee shall participate in the data collection system including Quarterly and Final Report tables developed and approved by the Chemical Health Division, Evaluation Coordinator which measures process and client outcomes. Grantee shall, upon request, submit the data collected to assess process and outcomes.

The EPC program staff at Tubman submit information collected about clients at program entry, throughout their enrollment in the program, and at discharge to Wilder Research on a monthly or quarterly basis. This information is analyzed by Wilder Research and used to complete the Quarterly and Final Report tables and prepare the quarterly and year-end reports.

Goal K. Grantee shall submit an evaluation report at end of each year, as part of the year-end report, that covers the current year and all prior grant contract years.

Wilder Research will submit a year-end report about the EPC program at Tubman (Chrysalis Center) at the end of each grant year.

Goal L. Grantee will immediately notify the Chemical Health Division in writing of any program staff changes (including a position description and resume for newly hired staff) and a plan for the continuance of the duties outlined in the grant contract.

Program staff will notify the Chemical Health Division of recent program staff changes and submit resumes for any newly hired staff. There were no program staff changes this quarter.

Other activities

During the quarter, program staff continued to engage in marketing efforts in the metro area with the aim of increasing referrals and enrollment numbers. EPC program staff also organized several targeted activities for clients over the quarter. These included:

- A family fun day on Martin Luther King Jr. Day (January 18, 2010), attended by three clients and their children. The celebration included “I have a dream” t-shirts, books, coloring, food, and door prizes; and,
- A movie day in March 2010 for clients and their children, attended by five clients.

In addition, the sequence of groups was switched, such that support group was moved to the morning and parenting group to the afternoon, which allows participants to do their group “check-in” right away in the morning. This was a suggestion by some clients during focus groups held last year.

Furthermore, the EPC Child Development Specialist continues to provide additional support to children whose families are involved in the program, including participation in supervised visitation and visits to children’s schools, as needed.

Evaluation progress

Wilder Research has been contracted to evaluate the Tubman Effecting Positive Change program for the duration of the three-year grant period (July 2008 – June 2011), including the current reporting period of January to March 2010. The lead evaluator for this project is Monica Idzelis, Research Scientist at Wilder Research (651-280-2657 or mli@wilder.org). The primary Tubman program staff responsible for the evaluation is Darcy Young, EPC Coordinator and Child Development Specialist.

The evaluation of the Effecting Positive Change program is designed to explore three general issues:

- 1) program implementation, including a description of client characteristics and the number and types of activities/services provided to clients and their children;
- 2) outcomes for clients and their children post-discharge, including changes in substance use among clients, the impact of parent education on clients' parenting skills, and the health and well-being of newborns; and
- 3) client satisfaction post-discharge.

Development of tools

No tools were developed or modified this quarter.

Data collection

Initial Assessment, Discharge Summary, and Health Data Summary forms are completed and submitted as needed each quarter (i.e., when clients are admitted, discharged, or give birth). This quarter, five Initial Assessment Forms, seven Discharge Summary Forms, and one Health Data Summary Form were submitted this quarter. Quarterly Activity Logs and Child Health Information Summaries summarize services and referrals provided to adults and children and are completed and submitted for each active client during the quarter. This quarter, 16 Quarterly Activity Logs and 17 Child Health Information Summaries were submitted and analyzed for this report.

Satisfaction surveys are administered to clients after approximately four months of participation in the program. Two EPC program satisfaction surveys were completed this quarter.

In addition, three AAPI-2 pretests (Form A) were administered this quarter (Figure 5). No AAPI-2 posttests (Form B) were administered, as no clients completed 20 hours of parent education during the quarter.

5. AAPI-2 pretest summary (N=3)

Client identifier	Date taken	Form
203704	1/7/2010	A
203718	1/7/2010	A
207193	1/28/2010	A

Success story

The following success story describes the progress achieved by Cassy,¹ a current participant in the Effecting Positive Change (EPC) program.

General information

Cassy is a 32-year-old Caucasian woman with a 2-year-old daughter who was admitted to EPC on August 14, 2009. She was referred by her chemical health counselor just prior to completing her primary treatment program at the Chrysalis Center of Tubman. Her drug of choice was methamphetamines.

Upon entering the program, Cassy was living in her own apartment in a building operated by the Perspectives Transitional Housing program. She came to EPC with a diagnosis of Depression and Anxiety. She felt limited in the things she could do because of transportation difficulties, and her significant other and the father of her minor child was currently in prison serving the remainder of a sentence on federal charges. Cassy has continuously been denied permission to visit with him since they are not married, but she does have a support system consisting of her parents, grandparents, and his parents and siblings who all live in the metro area.

Services and outcomes

Cassy outlined her recovery goals in a treatment plan created with the assistance of the EPC Case Manager. Her overall, long-term goal is to be a successful single parent. She hopes to accomplish that goal by remaining sober from all mood-altering chemicals, improving her skills as a parent, and earning her GED.

Since beginning in the EPC program, Cassy has consistently attended the EPC support groups at Chrysalis Center, co-facilitated by the Licensed Drug and Alcohol Counselor and Mental Health Counselor, which has addressed both her chemical health and mental health concerns. She completed a nutritional assessment with the assistance of the Maternal Child Health Nurse and is currently working on making better food choices for her and her daughter. She consistently seeks out guidance regarding parenting resources and strategies from the Child Development Specialist and Parenting Educator about issues such as language development, boundary setting, and potty training. She has also taken advantage of the free recreational activities that are offered to families in the program while money has been tight.

¹ A pseudonym

Cassy's biggest accomplishments so far in the program have filled Cassy with pride, and she is reaping the rewards of these achievements. She was finally granted permission by the warden to visit her boyfriend in prison after repeated denials. She earned this privilege because of the positive changes she was making in her life, including graduating from her primary treatment program and building up a lengthy track record of sobriety. She also enrolled in a GED program and has been regularly attending classes. This was accomplished through much hard work and dedication on her part to make the arrangements for childcare, transportation, and rearranging her existing schedule to accommodate a new class schedule. She was even able to test out of a whole subject because of her high test scores and thinks she will be done with the whole program in just a few months!

Reflection and learning

If Cassy continues the path that she has been on, she will soon find herself with a diploma and have many more job opportunities available to her. Her long-term goals revolve around either enrolling in community college or going back into the work force and establishing a career in time for her boyfriend to be released. She has high hopes for the future and their life together as a family.

Cassy has been an inspiration to the other women in the program, always willing to offer advice and guidance to those who find themselves in a position with which she is all too familiar. She has a very wise and respectful way of sharing her story and her experiences with others in the hopes that they will not make the same mistakes that she did. She has consistently modeled behavior that is indicative of a strong, independent woman, has provided an environment for her child that encourages growth and development, and is a positive influence to her fellow program participants.

Cassy proved to herself and all those who support her that she can be successful by earning one year of sobriety from meth on February 17, 2010. The EPC team commemorated this significant event through a celebration with clients and staff including an honorary certificate and a "back to school" care package. On this special day, staff also gave her the opportunity to provide some encouraging words of advice to the others in attendance about how she achieved all her accomplishments in such a short amount of time. Her honesty, motivation, determination, and gentle spirit is an inspiration to us all.

Appendix

Twin Cities Transitional Housing Resources

Twin Cities Affordable Housing Resources

Women's Services Quarterly Report Tables

Twin Cities Transitional Housing Resources

- Alliance Housing, Inc. (www.alliancehousinginc.org) 612-872-2310
 - Minneapolis Sober supportive housing with the Central Community Housing Trust and RS Eden
 - Alliance Apartments – 719 E 16th Street, Mpls
 - Portland Village – 1829 Portland Avenue, Mpls
 - Central Avenue Apartments – 1828 Central Avenue NE, Mpls
 - Broadway Apartments – (still in development)

- Ascension Place (www.ascensionplace.org) 612-588-0861
1803 Bryant Avenue N, Mpls 55411
 - For single women
 - Must be chemically dependent, have a mental illness, or be a victim of domestic violence
 - GRH program (must be eligible for GA, MFIP, SSI or SSDI)
 - Call Monday or Thursday between 9:30-10:30am for a phone intake

- Beverly A. Benjamin Youth Lodge (www.aindahyung.org) 651-632-8923
1212 Raymond Avenue, St. Paul 55108
 - For single men and women 16-20 years old
 - Must be homeless or at risk of being homeless

- Cabrini Partnership 612-331-7390
1025 6th Street SE, Mpls 55414
 - For single women
 - Must be chemically dependent or mentally ill

- Caroline Family Services 651-772-1344
840 E. 6th Street, St. Paul 55106
 - For women with children
 - Scattered site apartments
 - Rent is \$200 per month
 - Call on Tuesday's between 8:30-11am to inquire about availability

- Catholic Charities 612-664-8500
 - Variety of housing options through out metro area

- Cornerstone (www.cornerstonemn.org) 952-884-0376
9730 Irving Avenue S, Bloomington 55431
 - Referral must come from a Cornerstone shelter advocate
- Dakota Woodlands (www.dakotawoodlands.org) 651-456-9110
3430 Wescott Woodlands, Eagan 55123
 - Women without children need to have a mental illness diagnosis
 - Referral from a Dakota County social worker
- East Metro Women’s Council (www.emwc.org) 651-773-8401
 - East Metro Place – 3521 Century Avenue N, White Bear Lake 55110
 - Project based section 8
 - Must enroll in school or job training program
 - Roof Project – Scattered site apartments in Ramsey County
 - Rent is 30% of income
 - Must be Ramsey County resident
 - Must be homeless and referred by shelter program
 - Home Again – Scattered site apartments in Washington County
- Ed Lafromboise Residence (www.juelfairbanks.org) 651-644-6204
806 N Albert Street, St. Paul 55104
- Elim Transitional Housing(www.elimtransitionalhousing.org) 763-788-1546
3989 Central Avenue NE, Columbia Heights 55421
 - Anoka County residents given preference
- Emma Norton (www.emmanorton.org) 651-224-1329
670 N Robert Street, St. Paul 55101
 - For single women
 - Must be homeless or near homelessness
 - Rent is 30% of income
 - Must be involved in at least 20 of outside activity each week
- Emma’s Place 651-773-0516
2163 Van Dyke Street, Maplewood 55109
 - Must have three or more children

- Freedom Place (www.freedomplaceinc.org) 651-227-3366
653 Dale Street N, St. Paul 55103
 - For single men and women, as well as families with no more than two children
 - Must be chemically dependent
 - Rent is \$250-300 per month; \$200 deposit

- Tubman Transitional Housing (www.tubmanfamilyalliance.org) 612-825-3333
3111 E 31st Street, Mpls 55408
 - For single women and women with children
 - Project based section 8
 - On-site apartments
 - Rent is 30% of income
 - Survivor of Domestic Violence

- Home of the Good Shepherd (www.hgsmn.org)
 - Rose Center 651-690-0625
1435 Grand Avenue, St. Paul 55105
 - For single women age 18-24
 - Need to be engaged in outside activities 20 hours per week
 - Wellsprings Living Center 651-482-5269
5100 Hodgson Road, Shoreview 55126
 - For single women age 25+
 - Need to be engaged in outside activities 20 hours per week

- Share Program at Human Services, Inc. (HSI)
Forest Lake, MN
 - For women with one to four children
 - Must be homeless
 - Chemically dependent
 - Rent is 30% of monthly income
 - Call Mary Frasier for more info 651-351-3123

- The Jeremiah Program (www.jeremiahprogram.org) 612-692-8711
1510 Laurel Avenue, Mpls 55403
 - For single mothers of pre-school aged children
 - Must enroll in a post-secondary education program

- Lutheran Social Services (www.lssmn.org)
 - The Family Program – 2414 Oakland Avenue S, Mpls 55404
 - One or two parent families with up to three children
 - Must have stayed in a Hennepin County shelter at least two times in the past year
 - Referrals must come from Rapid Exit 612-348-9875
 - Abaku – 1201 89th Avenue NE, Blaine 55434
 - One or two parent families with up to four children
 - Must be Anoka County residents
 - Referrals must come from an Anoka County Income Maintenance Housing Advocate 763-783-4943
 - Rezek House – 501 Asbury, St. Paul 55104 – 651-644-7739
 - Single men and women
 - Women with only one child
 - Must be between 16-21 years old

- Missions, Inc.
3409 Medicine Lake Blvd, Plymouth 55441
 - Smith Lodge 763-550-9802
 - For single men and women
 - Must be chemically dependent
 - At least 30 days sober
 - Cannot have a crime against another person or prop damage
 - Mission Lodge 763-559-4249
 - For single men and women
 - Must be chemically dependent
 - Hennepin County residents must be referred by 1800 Chicago

- Model Cities (www.modelcities.org) 651-632-8350
839 University Avenue, St. Paul 55104
 - Families First Supportive Housing
 - For single parents with children
 - Must be homeless
 - Must be chemically dependent
 - Project based section 8
 - Rent is 30% of monthly income
 - Roof Project
 - For families and women aged 17-25 with children
 - Must be homeless resident of Ramsey County
 - Must have at least one child
 - Scattered site apartments
 - Sankofa
 - For women between the ages of 17-25
 - Must be pregnant or parenting an infant child

- Naomi Family Center (www.ugmtc.org) 651-222-7962
77 E 9th Street, St. Paul 55101
 - For women with no more than four children
 - Kids must be 12 years of age or younger
 - Must have at least 60 days sober

- New Foundations, Inc. (www.newfoundationsinc.org) 651-771-7565
1145 Westminster, St. Paul 55130
 - New Foundations Transitional and Crestview Community
 - For families with children
 - Must be homeless
 - Have a documented mental illness
 - Must be chemically dependent

- Our Saviour's Housing (www.oshousing.org) 612-872-4021
2301 Chicago Avenue S, Mpls 55404
 - Must be sober
 - Must be working within 30 days of entry
 - Rent is 30% of income

- Peta Wakan Tipi (www.petawakantipi.org)
 - Mother Earth Lodge 651-225-4111
54 West King Street, St. Paul 55107
 - Targets the Native American Community
- Perspectives (www.perspectives-family.org) 952-926-2600
3381 Gorham Avenue, St. Louis Park 55426
 - Transitional Housing
 - Must be homeless
 - Chemically dependent and completed treatment
 - At least 90 days sober
 - Permanent Supportive Housing
 - Must work or enroll in school
- Simpson Housing (www.simpsonhousing.org) 612-874-8683
 - Passage Community Housing 612-870-7781
17 E 24th Street, Mpls 55404
 - Zoom House (www.thezoomhouse.org) 612-825-2825
3244 Blaisdell Avenue S, Mpls 55408
 - Must be homeless
 - Have dependent children under the age of 12
 - Chemically free
 - Must currently be working or in school at least part time
 - Family Roots Alliance
 - Housing First
 - Elliot Park Apartments
 - Simpson Transitional Housing Program 612-874-8683 ext. 400
 - Scattered site apartments
 - Must be working or in school within 60 days
 - Rent is approximately 30% of income
 - Call on Tuesday's 12-2pm to inquire about availability
- St. Stephen's Church (www.ststephenscommunity.org)
 - Families in Transition 612-874-9292
2211 Clinton Avenue, Mpls 55404
 - Scattered site apartments
 - Referral must come from a county shelter (St. Anne's or PSP)
 - Kateri Residence 612-871-0477
2408 4th Avenue S, Mpls 55404
 - Targets the Native American community

- Theresa Living Center 651-774-5594
917 E Jessamine, St. Paul 55106
 - For single women and women with one child or pregnant
 - Must work or enroll in school
 - At least 90 days of sobriety
 - Rent is 30% of income

- Tubman's Transitional Housing Program
111 East 31st Street, Minneapolis, MN 55408
 - For women and children, or single women, who are homeless
 - Have experienced domestic violence

- Wayside (www.waysidehouse.org)
 - Incarnation House 612-871-0099
2120 Clinton Avenue S, Mpls 55404
 - Must be chemically dependent
 - Must have open child protection case with reunification plan
 - Wayside Supportive Housing 952-542-9322
1349 Jersey Avenue S, St. Louis Park 55426
 - Must be chemically dependent
 - At least 90 days of sobriety
 - Need children in her custody at least 50% of the time

- Youth Link (www.youthlinkmn.org)
 - Archdale Apartments 612-253-1460
1600 1st Avenue S, Mpls 55403
 - Single women or women with only one child
 - Between the ages of 16-23
 - Must be homeless
 - Barnabas Apartments 612-253-0630
906 7th Street, Mpls 55415
 - Single women age 16-20
 - Must be homeless

- YWCA of St. Paul (www.ywcaofstpaul.org/housing) 651-293-9296
198 Western Avenue N, St. Paul 55102
 - Must be homeless
 - Chemically free for at least 90 days
 - Must work/attend school at least 20 hours a week

Twin Cities Affordable Housing Resources

- Aeon (www.aeonmn.org)
 - Housing vacancy list available online – contact buildings directly
- Alliance Housing, Inc. (www.alliancehousinginc.org) 612-872-2310
 - Scattered site apartments and Hiawatha Commons Project
- Catholic Charities 612-664-8500
 - Variety of housing options throughout metro area
- CommonBond Communities (www.commonbond.org)
 - Variety of housing options throughout metro area
- Hope Community, Inc. (www.hope-community.org) 612-871-4630
 - The Hope Block
 - Children’s Village Center
 - Hope Community Court
 - The Dundry
 - The Jourdain
 - The Wellstone
- Project for Pride in Living (www.ppl-inc.org) 612-455-5100
 - Variety of housing options throughout metro area

Women's Services Quarterly report tables

Grantee Tubman: EPC program Contract #439572

July 1, 2008 – June 30, 2009 – Women's Services Quarterly Report Tables: Tx Support/Recovery Maintenance Services for Pregnant Women/ Women w/Dependent Children

The numbers for columns Q-1 through Q-4 are to be the numbers for only that quarter. The YTD column is for the unduplicated # year-to-date. **Each time a woman is admitted they are counted as a 'new client' on this table, even if they have been previously admitted and discharged during this same year.**

Table 1: Women Served by your grant program this year

	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
Women in your grant program at the start of this period	12	10	12		
Women admitted to your grant program this period	5 ^a	5 ^a	5		15
Women served by your grant program this period	17	15	17		29
Number of cases closed – Women <i>Successfully Completed</i>	1	1	2		4
Number of cases closed due to moving out of the area, but at the time of move the woman was doing well	1	0	0		1
Number of cases closed <i>Without Successfully Completing</i> , include women who were not doing well when they moved out of the area.	5	2	5		12
Women still in your grant program at the end of this period	10 ^a	12 ^b	10		

Table 2 - Pregnancy/Toxicology Outcomes "at birth" for Women Who Delivered while in the Program

Birth Outcomes for Women who Delivered This Year	Q-1	Q-2	Q-3	Q-4	Unduplicated YTD
Pregnancy Outcome Summary:					
Live Birth, Child Living	0	0	1		1
Live Birth, Child Died	0	0	0		0
Miscarriage/Abortion/Stillbirth	0	0	0		0
Infants' Toxicology Results:					
Positive Toxicology for Infant	0	0	0		0
Negative Toxicology for Infant	0	0	1		1
Infant Not Tested*	0	0	0		0
Mothers' Toxicology Results					
Positive Toxicology for Mother	0	0	0		0
Negative Toxicology for Mother	0	0	1		1
Mother Not Tested*	0	0	0		0

* Explain why any mothers and/or infants were not tested:

^a A woman who was initially counted as a client first quarter failed to go on and actually receive services, so she was no longer counted as a client in the second quarter. Therefore, this number has been modified from 11 women the first quarter, to 10 women.

^b A woman who was initially counted as a client second quarter failed to go on and actually receive services, so she was no longer counted as a client in the third quarter. Therefore, this number has been modified from 13 women second quarter, to 12 women.